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HOUSE RESEARCH ORGANIZATION

daily floor report

Monday, April 15, 2019
86th Legislature, Number 46
The House convenes at 11 a.m.
Part One

Five bills are on the Major State Calendar, one joint resolution is on the Constitutional Amendments Calendar, and 51 bills are on the General State Calendar for second reading consideration today. The bills and joint resolutions analyzed or digested in Part One of today's *Daily Floor Report* are listed on the following page.



Dwayne Bohac
Chairman
86(R) - 46

HOUSE RESEARCH ORGANIZATION

Daily Floor Report

Monday, April 15, 2019

86th Legislature, Number 46

Part 1

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SUBJECT: Changing school mental health training and curriculum requirements

COMMITTEE: Public Health — committee substitute recommended

VOTE: 9 ayes — S. Thompson, Wray, Allison, Coleman, Frank, Lucio, Ortega,
Price, Sheffield

1 nay — Zedler

1 absent — Guerra

WITNESSES: For — Jeff Miller, Disability Rights Texas; Brenda Kogler, League of Women Voters of Texas; Alissa Sughrue, National Alliance on Mental Illness (NAMI) Texas; Josette Saxton, Texans Care for Children; Nancy Miloy Clemmer, Texas Counseling Association; Merily Keller, Texas Suicide Prevention Council; Jennifer Lucy, TexProtects; Kyle Piccola, The Arc of Texas; Austin Hawk; Coral Zayas; (*Registered, but did not testify*: Cynthia Humphrey, Association of Substance Abuse Programs; Colby Nichols, Austin ISD, Texas Association of Community Schools, Texas Association of School Administrators; Bill Kelly, City of Houston Mayor's Office; Chris Masey, Coalition of Texans with Disabilities; Priscilla Camacho, Dallas Regional Chamber; Claire Bocchini, Erica Ding, Melinda Soeung, and Alyssa Thomason, Doctors for Change; Adam Jones, Early Matters Dallas, iteachTexas, The Commit Partnership, The Flippin Group; Jolene Sanders, Easter Seals Central Texas; Eric Woomer, Federation of Texas Psychiatry; Lindsay Lanagan, Legacy Community Health; Annalee Gulley, Mental Health America of Greater Houston; Christine Yanas, Methodist Healthcare Ministries of South Texas, Inc.; Eric Kunish, National Alliance on Mental Illness-Austin; Will Francis, National Association of Social Workers-Texas; Lindsay Sobel, Teach Plus Texas; Brett Merfish, Texas Appleseed; Kathryn Freeman, Texas Baptist Christian Life Commission; Lee Johnson, Texas Council of Community Centers; Nora Belcher, Texas E-Health Alliance; Andrew Cates, Texas Nurses Association; Nancy Walker, Texas Occupational Therapy Association; Carol Grothues, Texas Psychological Association; Darren Grissom, Texas PTA; Dee Carney, Texas School Alliance; Jan Friese, Texas School Counselor Association; Rebecca Harkleroad, Texas School

Nurses Organization; Nataly Saucedo, United Ways of Texas; Knox Kimberly, Upbring; and 27 individuals)

Against — Lee Spiller, Citizens Commission on Human Rights; Alice Linahan, Women On the Wall; Jerome Young; (*Registered, but did not testify*: Faith Bussey, Family Rights Advocacy; and 15 individuals)

On — Tiffany Williams, Coalition of Texans with Disabilities; Robert Van Boven; (*Registered, but did not testify*: Lillian Nguyen, Health and Human Services Commission; Shannon Hoffman, The Hogg Foundation for Mental Health)

BACKGROUND: Education Code sec. 5.001 defines a "mental health condition" as an illness, disease, or disorder, other than epilepsy, dementia, substance abuse, or intellectual disability, that substantially impairs a person's thought, perception of reality, emotional process, or judgment, or grossly impairs behavior as demonstrated by recent disturbed behavior.

DIGEST: CSHB 18 would amend mental health and substance use training, curriculum, and continuing education requirements for certain schools.

Definitions. CSHB 18 would amend the definition of "mental health condition" to mean a persistent or recurrent pattern of thoughts, feelings, or behaviors that constitutes a mental illness, disease, or disorder, other than or in addition to epilepsy, substance abuse, or an intellectual disability, or that impairs a person's social, emotional, or educational functioning and increases the risk of developing certain conditions. It also would define "substance abuse" as a patterned use of a substance, including a controlled substance, and alcohol, in which the person consumes the substance in amounts or with methods that are harmful to the person's self or to others.

Continuing education requirements. CSHB 18 would change continuing education requirements for classroom teachers, principals, and counselors by mandating that instruction regarding mental health conditions be among the continuing education requirements and specifying that students with mental health conditions or who engage in substance abuse were among the diverse students populations about whom

instruction in continuing education was required.

Training. The bill would require the staff development training for educators to include training on:

- suicide prevention;
- recognizing signs of mental health conditions and substance abuse;
- strategies for establishing and maintaining positive relationship among students;
- how grief and trauma affect student learning and behavior, and how certain strategies support the academic success of students affected by grief and trauma; and
- preventing and reporting incidents of bullying.

The training would have to use a best practice-based program recommended by the Health and Human Services Commission (HHSC).

Counseling program. The bill would require a school counselor to work in collaboration with certain individuals to plan, implement, and evaluate a comprehensive school counseling program that conforms to the most recent edition of the Texas Model for Comprehensive School Counseling Programs developed by the Texas Counseling Association.

Curriculum. The bill would require the health curriculum for K-12 students to include instruction on mental health, substance abuse, emotional management skills, maintaining positive relationships, and responsible decision-making.

Texas Education Agency duties. The bill would require the Texas Education Agency (TEA), in coordination with HHSC, to develop guidelines for school districts regarding partnering with certain entities to increase student access to mental health services and obtaining mental health services through Medicaid.

Transferring responsibilities. The bill would transfer the responsibility of providing an annual list of recommended programs and practices for early mental health intervention, substance abuse and suicide prevention,

and grief- and trauma-informed practices, among other areas, from the Department of State Health Services (DSHS) to TEA in coordination with HHSC. The bill also would require school districts to develop practices and procedures for these areas.

Authorizations. The bill would allow open-enrollment charter schools to establish school-based health centers. Centers could include treatment for mental health conditions and substance abuse in their available services for students.

The bill would allow school districts to employ or contract with one or more nonphysician mental health professionals. The bill would define "nonphysician mental health professional" as a licensed psychologist, professional counselor, clinical social worker, or marriage and family therapist, or a registered nurse with an advanced degree in psychiatric nursing.

Website information. The bill would require a school district to publish in the student handbook and post on its website a statement of its adopted policies and procedures to promote the physical and mental health of students, available resources, and whether each campus has a full-time nurse or school counselor. The bill would require HHSC and TEA to make available on their websites information about the mental health first aid training program.

Report. CSHB 18 would require the local mental health authorities (LMHA) and DSHS to include additional information in their annual reports regarding mental health first aid training provided to certain school personnel.

Implementation. CSHB 18 would require the State Board for Educator Certification to propose rules by May 1, 2020, to comply with the bill's requirements. TEA, in cooperation with HHSC, would have to develop guidelines for providing access to mental health services by that date.

By August 1, 2020, TEA, in coordination with HHSC and regional education service centers, would have to provide a list of recommended best practice-based programs for mental health, substance abuse, and

suicide prevention.

CSHB 18 would apply to LMHA and DSHS reports due after December 31, 2019, and March 1, 2020, respectively.

The bill would apply to a school district or an open-enrollment charter school beginning with the 2020-21 school year.

The bill would take effect December 1, 2019.

**SUPPORTERS
SAY:**

CSHB 18 would increase awareness of mental health among public school students and educators, reduce the stigma of mental health issues, and provide more resources on mental health and substance abuse for educators. Enhancing teachers' training on mental health would help teachers better identify students' trauma and address behavioral and mental health issues. The bill is necessary to give teachers the resources they need to prevent behavioral and mental health issues from interfering with a student's academic performance.

Reducing stigma surrounding mental health encourages students to identify issues and seek help. CSHB 18 would improve the identification of and early intervention for students' mental health and substance use issues, including by allowing schools to employ or contract with nonphysician mental health professionals. By improving students' access to needed mental health and substance abuse care, the bill would improve a student's chances of graduating from high school and seeking employment and could decrease their dependence on state programs later in life.

**OPPONENTS
SAY:**

CSHB 18 would expand mental health training for school personnel, even though parents and the community could be better equipped than schools to address children's mental health and substance use issues. Schools increasingly are focusing on students' behavioral health rather than their academic performance, which could have undesirable consequences.

The bill also could lead to a conflict of interest by allowing school districts to hire nonphysician mental health professionals. These professionals could work at a for-profit entity or standalone clinic, which

might incentivize the professionals to recommend certain treatment for students.

SUBJECT: Establishing mental health and substance use resources for school districts

COMMITTEE: Public Health — committee substitute recommended

VOTE: 9 ayes — S. Thompson, Wray, Allison, Coleman, Frank, Lucio, Ortega,
Price, Sheffield

1 nay — Zedler

1 absent — Guerra

WITNESSES: For — Lisa Poynor, Association of Substance Abuse Programs of Texas; Alissa Sughrue, National Alliance on Mental Illness Texas; Lee Johnson, Texas Council of Community Centers; (*Registered, but did not testify*: Cynthia Humphrey, Association of Substance Abuse Programs; Colby Nichols, Austin ISD, Texas Association of Community Schools, and Texas Association of School Administrators; Bill Kelly, City of Houston Mayor's Office; Chris Masey, Coalition of Texans with Disabilities; Jeff Miller, Disability Rights Texas; Erica Ding and Alyssa Thomason, Doctors for Change; Eric Woomer, Federation of Texas Psychiatry; Lindsay Lanagan, Legacy Community Health; Annalee Gulley, Mental Health America of Greater Houston; Christine Yanas, Methodist Healthcare Ministries of South Texas, Inc.; Will Francis, National Association of Social Workers-Texas Chapter; Josette Saxton, Texans Care for Children; Tom Banning, Texas Academy of Family Physicians; Brett Merfish, Texas Appleseed; Kathryn Freeman, Texas Baptist Christian Life Commission; Jan Friese, Texas Counseling Association; Nora Belcher, Texas E-Health Alliance; Andrew Cates, Texas Nurses Association; Kaitlyn Doerge, Texas Pediatric Society; Carol Grothues, Texas Psychological Association; Darren Grissom, Texas PTA; Dee Carney, Texas School Alliance; Rebecca Harkleroad, Texas School Nurses Organization; Merily Keller, Texas Suicide Prevention Council; Jennifer Lucy, TexProtects; Kyle Piccola, The Arc of Texas; Jennifer Allmon, The Texas Catholic Conference of Bishops; Nataly Saucedo, United Ways of Texas; and seven individuals)

Against — (*Registered, but did not testify*: Alice Linahan, Women On the

Wall; William Busby; Mercedes Garcia; Lynette Lucas; Stacy McMahan)

On — Sheila Hemphill, Texas Right To Know; (*Registered, but did not testify*: Lillian Nguyen, Health and Human Services Commission)

DIGEST:

CSHB 19 would require a local mental health authority to employ a non-physician mental health professional to serve as a mental health and substance use resource for school districts located in regions served by a regional education service center and in which the local mental health authority provided services. The bill would define "non-physician mental health professional" as a licensed psychologist, professional counselor, clinical social worker, or marriage and family therapist, or a registered nurse with an advanced degree in psychiatric nursing.

Professionals' duties. Under the bill, these mental health professionals would act as a resource for school district personnel by:

- helping increase awareness and a better understanding of mental health and co-occurring mental health and substance use disorders;
- assisting with the implementation of mental health or substance use initiatives under state law or agency rules; and
- ensuring awareness of certain recommended programs and practices, as well as treatment programs available in the district.

The bill also would require the professionals to help personnel facilitate on a monthly basis training regarding mental health first aid, the effects of grief and trauma, and prevention and intervention programs that would help students cope with pressure to use illicit substances. School districts would not be required to participate in the training.

The bill would prevent a non-physician mental health professional from treating or providing counseling to a student or providing specific advice to school district personnel regarding a student.

Local mental health authority duties. CSHB 19 would require a local mental health authority that employed a non-physician mental health professional to supervise the professional's duties and pay the regional education service centers a reasonable administrative cost for providing

space for the professionals to work.

Reports. The bill would require each local mental health authority that employed and supervised a non-physician mental health professional to submit a report to the Health and Human Services Commission (HHSC) containing outcomes for school districts and students resulting from services provided by the professional. HHSC would have to compile that information and submit a report certain state officials. The local mental health authority's report would be due before the last business day of each year, and the HHSC report would be due by January 31 of the following year.

Implementation. To implement the bill's provisions, a state agency would have to ensure appropriated money was distributed equally among the local mental health authorities that employed and supervised the non-physician mental health professionals.

The bill would take effect September 1, 2019.

SUPPORTERS
SAY:

CSHB 19 would provide important mental health and substance use disorder resources for school districts by requiring local mental health authorities to hire certain mental health professionals in areas where education service centers are located. A shortage of mental health professionals in Texas prevents many school districts from meeting the diverse behavioral health needs of students. Children with untreated mental illness are more likely to fail in school, interface with juvenile justice, engage in high-risk health behaviors, and have poor health as adults. The bill would increase school personnel's understanding of mental health and substance use disorder issues, which would benefit students who struggle with various behavioral health conditions.

The bill also would enhance professional relationships among school district personnel and mental health professionals. The mental health professional could not treat a student but could share with personnel the available mental health treatment services in the community.

OPPONENTS
SAY:

CSHB 18 would expand mental health training for school district personnel, even though parents and the community might be better

equipped than schools to address children's mental health and substance use issues. Schools increasingly are focusing on students' behavioral health rather than their academic performance, which could have undesirable consequences. The bill also could contribute to increased use of psychotropic medications for children with mental health issues, which could cause more harm to children than the mental illness they are attempting to treat.

NOTES: According to the Legislative Budget Board, the bill would have an estimated negative fiscal impact of \$4.6 million in general revenue related funds through the biennium ending August 31, 2021.

SUBJECT: Expanding certain reporting requirements for DSHS and LMHAs

COMMITTEE: Public Health — favorable, without amendment

VOTE: 10 ayes — S. Thompson, Allison, Coleman, Frank, Guerra, Lucio, Ortega, Price, Sheffield, Zedler

0 nays

1 absent — Wray

WITNESSES: For — (*Registered, but did not testify*: Cynthia Humphrey, Association of Substance Abuse Programs; Chris Masey, Coalition of Texans with Disabilities; Alyssa Thomason, Doctors for Change; Lindsay Lanagan, Legacy Community Health; Bill Kelly, City of Houston Mayor’s Office; Annalee Gulley, Mental Health America of Greater Houston; Christine Yanas, Methodist Healthcare Ministries of South Texas, Inc.; Alissa Sughrue, National Alliance on Mental Illness-Texas; Eric Kunish, National Alliance on Mental Illness-Austin; Will Francis, National Association of Social Workers-Texas Chapter; Josette Saxton, Texans Care for Children; Paige Williams, Texas Classroom Teachers Association; Lee Johnson, Texas Council of Community Centers; Gavin Gadberry, Texas Health Care Association; Andrew Cates, Texas Nurses Association; Carol Grothues, Texas Psychological Association; Rebecca Harkleroad, Texas School Nurses Organization; Lisa Dawn-Fisher, Texas State Teachers Association; Jennifer Lucy, TexProtects; Nataly Saucedo, United Ways of Texas; Carl F. Hunter; Columba Wilson)

Against — None

On — (*Registered, but did not testify*: Lillian Nguyen, Health and Human Services Commission)

BACKGROUND: Health and Safety Code sec. 1001.205 requires a local mental health authority (LMHA) to submit an annual report by September 30 to the Department of State Health Services (DSHS). The LMHA's report includes the number of:

- employees and contractors of the authority who were trained as mental health first aid trainers during the preceding fiscal year; and
- university employees, school district employees, school resource officers, and other individuals who completed a mental health first aid training program provided by the authority during the preceding fiscal year.

DSHS is required to compile this information and submit an annual report to the Legislature by December 1.

DIGEST: HB 1070 would require the local mental health authorities (LMHA) and the Department of State Health Services (DSHS) to include additional information in their annual reports. LMHAs would have to include the number of active mental health first aid trainers and the number who left the program for any reason during the preceding fiscal year. They also would have to categorize university employees, school district employees, and school resource officers by LMHA region, school district, and category of personnel.

The bill would require DSHS in its report to compile this information along with a detailed accounting of expenditures of money appropriated for implementing mental health first aid training.

The bill would take effect September 1, 2019, and would apply to LMHA and DSHS reports due after September 30, 2019, and December 1, 2019, respectively.

SUPPORTERS SAY: HB 1070 would require local mental health authorities to submit more comprehensive data to the Department of State Health Services (DSHS) regarding mental health first aid training program attendance. The additional data would help determine which schools have access to this valuable training.

OPPONENTS SAY: No concerns identified.

SUBJECT: Creating a five-year strategic plan to address postpartum depression

COMMITTEE: Public Health — committee substitute recommended

VOTE: 10 ayes — S. Thompson, Allison, Coleman, Frank, Guerra, Lucio, Ortega, Price, Sheffield, Zedler

0 nays

1 absent — Wray

WITNESSES: For — Ashley Kahn, Deeds Not Words; Alissa Sughrue, National Alliance on Mental Illness-Texas; Donna Kreuzer, Pregnancy and Postpartum Health Alliance of Texas; Adriana Kohler, Texans Care for Children; (*Registered, but did not testify*: Juliana Kerker, American College of Obstetricians and Gynecologists-Texas District; Tegra Swogger, Laura Lee Daigle, Kaycee Crisp, and Lindsay Liggett, Circle Up; United Methodist Women; Bill Kelly, City of Houston Mayor's Office; Claire Bocchini, Erica Ding, Melinda Soeung, and Alyssa Thomason, Doctors for Change; Nora Del Bosque, March of Dimes; Annalee Gulley, Mental Health America of Greater Houston; Christine Yanas, Methodist Healthcare Ministries of South Texas, Inc.; Eric Kunish, National Alliance on Mental Illness-Austin; Will Francis, National Association of Social Workers-Texas Chapter; Elaine Cavazos and Melissa Bentley, Pregnancy and Postpartum Health Alliance; Jamie Dudensing, Texas Association of Health Plans; Jennifer Biundo, Texas Campaign to Prevent Teen Pregnancy; Cameron Duncan, Texas Hospital Association; Michelle Romero, Texas Medical Association; Andrew Cates, Texas Nurses Association; Kaitlyn Doerge, Texas Pediatric Society; Erika Ramirez, Texas Women's Healthcare Coalition; Jennifer Lucy, TexProtects; Nataly Saucedo, United Ways of Texas; and 26 individuals)

Against — None

On — Jerome Young; (*Registered, but did not testify*: Manda Hall, Department of State Health Services; Viveca Martinez, Health and Human

Services Commission)

DIGEST: CSHB 253 would require the Health and Human Services Commission (HHSC) to develop and implement a recurring five-year strategic plan to improve access to postpartum depression screening, referral, treatment, and support services.

The plan would have to provide strategies for:

- increasing awareness among relevant state-administered program providers about the prevalence and effects of postpartum depression on women and children;
- establishing a referral network of community-based mental health providers and support services that address postpartum depression;
- increasing women's access to formal and informal peer support services;
- raising public awareness of and reducing stigma related to postpartum depression; and
- leveraging funding to support community-based postpartum depression screening, referral treatment, and support services.

HHSC would be required to coordinate with the Department of State Health Services, the Statewide Health Coordinating Council, the Office of Mental Health Coordination, and the Statewide Behavioral Health Coordinating Council to develop the strategic plan and to annually review and update it as necessary.

HHSC would be required to develop the initial strategic plan by September 1, 2020, and to develop a new plan for the next five years by September 1 of the last fiscal year of each five-year period.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2019.

SUPPORTERS SAY: CSHB 253 would help to prevent maternal deaths by increasing access to both formal and informal care that would help women understand

postpartum depression, access treatment, reduce social isolation, and strengthen social support. The bill would raise public awareness and reduce stigma, encouraging more women to seek out care when it is needed.

The bill would leverage funding for existing services to treat women in need, improving health outcomes for both mothers and children without increasing cost to taxpayers. By connecting mothers with preventive care for postpartum depression, the bill could decrease costs to taxpayers by keeping mothers and children out of more expensive forms of care such as emergency rooms.

OPPONENTS
SAY:

CSHB 253 should ensure that administrative costs for the program would not become inflated. Similar postpartum depression programs in other states have resulted in high overhead costs with little benefit to patients. Implications for long-term care also should be considered with respect to treating patients on Medicaid who may not have consistent access to insurance to cover antidepressant medication.

OTHER
OPPONENTS
SAY:

CSHB 253 should be expanded to cover other mental health issues faced by new mothers.

SUBJECT: Creating the Texas Mental and Behavioral Health Research Institute

COMMITTEE: Public Health — committee substitute recommended

VOTE: 8 ayes — S. Thompson, Wray, Allison, Coleman, Lucio, Ortega, Price,
Sheffield

1 nay — Frank

2 absent — Guerra, Zedler

WITNESSES: For — Wayne Sneed, Austin ISD; Denise Zimmermann, Spring ISD; Uchenna Umeh, Texas Medical Association, Texas Pediatric Society, Federation of Texas Psychiatry; (*Registered, but did not testify*: Cynthia Humphrey, Association of Substance Abuse Programs; Anne Dunkelberg, Center for Public Policy Priorities; Mandi Kimball, Children at Risk; Matt Moore, Children's Health System of Texas; Eric Woomer, Federation of Texas Psychiatry; Lindsay Lanagan, Legacy Community Health; Jason Sabo, Mental Health America of Greater Houston; Julia Egler and Greg Hansch, National Alliance on Mental Illness (NAMI) Texas; Eric Kunish, National Alliance on Mental Illness-Austin; Will Francis, National Association of Social Workers-Texas Chapter; Josette Saxton, Texans Care for Children; Lauren Spreen, Texas Academy of Family Physicians; Windy Johnson, Texas Conference of Urban Counties; Lee Johnson, Texas Council of Community Centers; Allison Franklin, Texas Criminal Justice Coalition; Tom Kowalski, Texas Healthcare and Bioscience Institute; Sara Gonzalez, Texas Hospital Association; Erin Cusack, Texas Nurse Practitioners; Andrew Cates, Texas Nurses Association; Kyle Ward, Texas PTA; Ashley Harris, United Ways of Texas; Knox Kimberly, Upbring)

Against — Lee Spiller, Citizens Commission on Human Rights; Judy Powell, Parent Guidance Center; Amy Hedtke; Kristin McGarity; (*Registered, but did not testify*: Adam Cahn, Cahnman's Musings; Mark Ramsey, Republican Party of Texas SREC SD7; Mary Elizabeth Castle, Texas Values; and eight individuals)

On — Elizabeth Newlin, McGovern Medical School at UTHealth Houston; Sheila Hemphill, Texas Right To Know; Consuelo Walss-Bass, The University of Texas Health Science Center at Houston; Devin Grider; Margaret Ortiz; (*Registered, but did not testify*: Sonja Gaines, Health and Human Services Commission; Rex Peebles, Higher Education Coordinating Board)

BACKGROUND: Health and Safety Code sec. 481.076(a) prohibits the Texas State Board of Pharmacy from permitting any person to have access to certain prescribing information submitted to the board, except for certain state boards and authorized parties.

Sec. 481.076(d) limits the use of information submitted to the Texas State Board of Pharmacy to certain uses.

Sec. 481.076(j) allows the board to enter into interoperability agreements with other states authorizing the board to access prescription monitoring information maintained or collected by the other states.

DIGEST: CSHB 10 would establish the Texas Mental and Behavioral Health Research Institute to create best practices, leadership, and vision for addressing child and adolescent behavioral health needs and to fund research on behavioral health issues.

Members. The institute would comprise:

- three representatives of Texas nonprofit organizations that focused on mental health care, one each appointed by the governor, lieutenant governor and House speaker;
- a representative of the Health and Human Services Commission (HHSC) with expertise in mental health care services, appointed by the executive commissioner of HHSC;
- a representative of HHSC with experience in mental health facilities, appointed by the executive commissioner of HHSC;
- a representative of the Texas Higher Education Coordinating Board, appointed by the commissioner of the board; and
- the chairs of the psychiatry departments or designees of the chairs

from certain health-related higher education institutions as specified in the bill.

The appropriate appointing authorities would be required to appoint members to the institute by December 1, 2019.

The institute would elect a presiding member from among its membership and establish a schedule of regular meetings. The members of the institute would designate a member to represent the institute on the statewide behavioral health coordinating council.

Powers and duties. The institute would provide funding for:

- research conducted by health-related institutions of higher education;
- the dissemination of best practices by such institutions;
- the recruitment of researchers and clinicians to these institutions;
- the training of students, residents, and fellows in connection with research efforts under these institutions; and
- clinical trials, studies, or other patient programs of these institutions approved by an institutional review board.

The institute could solicit and accept gifts, grants, and donations from any source to carry out the provisions of the bill.

Executive committee. An executive committee would be created to make final decisions on all research proposals recommended by the institute for funding. The executive committee would comprise 11 members with appropriate expertise in mental and behavioral issues and would include:

- three appointed by the governor;
- three appointed by the lieutenant governor;
- three appointed by the House speaker;
- one appointed by the institute's members; and
- one who represented the statewide behavioral health coordinating council, appointed by the governor.

The executive committee would select a presiding officer from among its members.

Research program. The institute would establish a mental and behavioral health and substance use disorder research program to provide funding to the health-related institutions of higher education as specified in the bill.

These institutions would implement a statewide research framework focused on preventing, identifying, and treating mental health conditions including depression, first episode psychosis, substance use disorder, bipolar disorder, and schizophrenia. They would recruit mental health, behavioral health, and substance use disorder researchers outside of higher-education institutions in Texas.

Mental and behavioral health. The institutions would be tasked with supporting mental and behavioral health research related to:

- underlying causes, external factors, and physical or other health issues that could affect behavioral health;
- public health trends and strategies on behavioral health;
- new treatments or solutions for addressing behavioral health issues;
- child-adolescent psychiatry; and
- co-occurring mental and behavioral health issues in children with intellectual or developmental disabilities.

Opioids and substance abuse. The institutions would collaborate with HHSC, the Texas State Board of Pharmacy, and any other appropriate entity to complete comparative studies of prescribing practices for opioids. The institutions would research and test new substance use disorder treatments, and they would conduct substance use disorder research related to identifying:

- new addiction recovery methods;
- barriers to treatment accessibility;
- strategies to reduce the effects of opioids and other controlled substances on maternal morbidity and mortality rates;
- prevention techniques, policies, and outreach methods to reduce the

- use of opioids and other controlled substances;
- better pain management strategies for individuals recovering from a substance use disorder;
- ways to obtain better data on substance use disorder;
- the most recent pharmacogenetic strategies;
- the genetic determinants of addiction; and
- whether risk factors for addiction can be determined or mitigated.

In addition to the above, the institutions would research other mental health, behavioral health, substance use disorder, or addiction issues identified by the institute.

Training. The institutions would administer training to develop a workforce that specializes in psychiatric research and clinical care related to mental and behavioral health issues and substance abuse.

Funding awards. Health-related institutions whose representatives served as members of the institute could apply for funding independently or in partnership with a state agency or other institution of higher education. The institute could prioritize funding awards to institutions applying jointly. An institution that received funding could partner with any necessary entity to carry out the purpose for which funding was awarded.

Liability and standard of care. The provisions relating to the creation of the mental health, behavioral health, and substance use disorder research program would not create a civil, criminal, or administrative cause of action or liability. These provisions also would not create a standard of care, obligation, or duty that provided the basis for a cause of action.

Administration. The institute would be administratively attached to the Texas Higher Education Coordinating Board. The board could use up to 3 percent of the institute's funds, as approved by the institute's executive committee, to provide administrative support to the institute. The board would assist in creating a website for the institute.

HBCU collaboration. Health-related institutions whose representatives served as members of the institute could collaborate with a historically

black college or university in Texas in carrying out any of the provisions of this bill.

Report. The institute would submit a report to the governor and the Legislative Budget Board by December 1 of each even-numbered year. The institute also would post a biennial report on the institute's website on the activities of the institute and legislative recommendations.

Appropriation contingency. The institute would be required to implement a provision of the bill only if the Legislature appropriated money specifically for that purpose. If no appropriation was made, the institute could but would not be required to implement the provision using any other money available to the institute for that purpose.

Constitutional amendment. Upon passage of the constitutional amendment proposed in HJR 5 by S. Thompson, which would provide for the issuance of general obligation bonds by the Texas Public Finance Authority to fund behavioral health, mental health, substance abuse, and addiction research and treatment, the institute would be eligible to receive funding through the proceeds of these bonds.

Texas Mental Health Care Consortium. If SB 10 by Nelson, which would create the Texas Mental Health Care Consortium, or similar legislation creating a comparable entity became law, the institute would be required to coordinate with the consortium or comparable entity.

Information sharing. The bill would include health-related institutions whose representatives served as members of the institute that were certified by the Centers for Medicare and Medicaid Services in the list of entities eligible to receive information submitted to the Texas State Board of Pharmacy. This information could be used for any purpose outlined by an interoperability agreement related to institutional compliance monitoring or medical or public health research. The Texas State Board of Pharmacy could authorize the Prescription Monitoring Program of these institutions of higher education.

To the extent of any conflict, this bill would prevail over another act of the 86th Legislature relating to nonsubstantive additions to and corrections in

enacted codes.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2019.

**SUPPORTERS
SAY:**

CSHB 10 would facilitate the research needed to uncover the underlying causes of mental illness and behavioral health issues by establishing a statewide research institute. The bill also would focus on research to uncover alternative treatments for mental and behavioral health issues, substance abuse disorder, and addiction.

The shooting at Santa Fe High School in 2018 emphasized the urgent need for the state to research the underlying causes of violence in certain children with mental health or behavioral health issues. The bill would facilitate this research by bringing together the state's leading institutions of higher education and researchers and giving them the resources they need.

The bill, together with HJR 5, would provide funding for critical, groundbreaking research on mental health in a manner similar to the Cancer Prevention and Research Institute of Texas. The bill could lead to research that helps identify children at risk of harming themselves or others and alternative treatments for individuals suffering from mental illness or addiction.

Research institutions, universities, and hospitals already have vigorous privacy protections in place for research subjects. The bill would not weaken these protections or mandate that researchers disclose any information publicly.

Because the bill would focus exclusively on psychiatric medical research, it would not be appropriate to include input on research from nonmedical organizations.

**OPPONENTS
SAY:**

CSHB 10 would not adequately address the need for alternative treatments for mental illness and substance abuse and could create privacy concerns

by expanding medical research in Texas.

The bill should focus on non-pharmacological treatments for mental health and behavioral issues to ensure patient choice. Overprescribing of psychotropic medications and opioids could have negative effects on individuals suffering from mental illness or addiction.

CSHB 10 would focus exclusively on psychiatric research and would not incorporate valuable input from certain stakeholders, including counseling organizations, social work organizations, and psychologists.

Medical research, and psychiatric research in particular, has high stakes for research subjects. Expanding medical research in Texas could increase the number of research subjects who could be negatively impacted by the release or illegal acquisition of personal data. The collateral consequences of compromised medical records include stigmatization and the risk of losing employment opportunities.

NOTES:

CSHB 10 is the enabling legislation for HJR 5 by S. Thompson, which would amend the Texas Constitution to enable the Texas Public Finance Authority to sell general obligation bonds to fund mental health research and programs. HJR 5 is set for second reading consideration on today's Constitutional Amendments calendar.

According to the Legislative Budget Board, depending on the amount of funding distributed by the Texas Mental and Behavioral Health Research Institute, there would be some fiscal impact to the state.

SUBJECT: Proposing a constitutional amendment for mental health research bonds

COMMITTEE: Public Health — committee substitute recommended

VOTE: 9 ayes — S. Thompson, Wray, Allison, Coleman, Lucio, Ortega, Price, Sheffield, Zedler

1 nay — Frank

1 absent — Guerra

WITNESSES: For — (*Registered, but did not testify*: Mandi Kimball, Children at Risk; Eric Woomer, Federation of Texas Psychiatry; Donna Warndof, Harris County Commissioners Court; Jason Sabo, Mental Health America of Greater Houston; Greg Hansch, National Alliance on Mental Illness Texas; Eric Kunish, National Alliance on Mental Illness-Austin; Lauren Spreen, Texas Academy of Family Physicians; Lee Johnson, Texas Council of Community Centers; Tom Kowalski, Texas Healthcare and Bioscience Institute; Sara Gonzalez, Texas Hospital Association; Uchenna Umeh, Texas Medical Association, Texas Pediatric Society, Federation of Texas Psychiatry)

Against — (*Registered, but did not testify*: Adam Cahn, Cahnman's Musings; Lee Spiller, Citizens Commission on Human Rights; Mark Ramsey, Republican Party of Texas SREC SD7; Anna Alkire; Kirsten Linebaugh; Ruth York)

On — Sheila Hemphill, Texas Right To Know (*Registered, but did not testify*: Sonja Gaines, Health and Human Services Commission)

DIGEST: CSHJR 5 would amend the Texas Constitution to allow the Legislature to authorize the Texas Public Finance Authority (TPFA) to sell general obligation bonds of the State of Texas and enter into related credit agreements to fund mental and behavioral health research and programs. The purpose of the programs would be to:

- research behavioral health issues, including causes, public health

trends and strategies, and new treatments;

- research substance use and addiction issues, including the genetic determinants of addiction, identification of and mitigation of risk factors, addiction recovery, pain management strategies, and prescription practices;
- research behavioral and mental health issues affecting children, including unidentified and untreated mental illness, involvement in the juvenile justice system, and suicide prevention; and
- address the shortage of mental health professionals in Texas, including programs to increase access to mental health professionals and the use of telemedicine and to provide financial assistance to mental health professionals trained in the prevention, diagnosis, and treatment of mental illness in children and adolescents.

Issuance of bonds. The TPFA could issue or sell up to \$3 billion in general obligation bonds under the provisions of the joint resolution but could not issue more than \$500 million in bonds in a year. Proceeds from the sale of bonds would be deposited in separate funds or accounts in the state treasury to be used by the Health and Human Services Commission (HHSC) in providing grants to institutions of higher education and government entities. These proceeds also could be used to pay for the costs of issuing bonds and any related administrative expenses.

While any of the bonds or interest on the bonds was unpaid, from the first money entering the state treasury each fiscal year not otherwise appropriated by the Texas Constitution, an amount sufficient to pay the principal of and interest on bonds that matured or became due during the fiscal year and to make payments under related credit agreements during the fiscal year would be appropriated, less the amount in the sinking fund at the close of the previous fiscal year.

After approval by the attorney general, registration by the comptroller of public accounts, and delivery to the purchasers, the bonds issued under the provisions of CSHJR 5 would be incontestable and would be general obligations of the state.

The ballot proposal would be presented to voters at an election on

November 5, 2019, and would read: "The constitutional amendment providing for the issuance of up to \$3 billion in general obligation bonds by the Texas Public Finance Authority to fund research, treatment, and access to services in this state for behavioral health, mental health, and substance use and addiction issues."

**SUPPORTERS
SAY:**

CSHJR 5 would provide the funding to conduct necessary research on mental and behavioral health and substance abuse disorder in Texas and to address the lack of mental health professionals in the state. The resolution would ensure that the state could fund this research in accordance with the requirements of the Texas Constitution.

**OPPONENTS
SAY:**

CSHJR 5 could create a financial risk to the state with an expansion of obligations on long-term debt service. A "pay-as-you-go" method for financing CSHJR 5 would be preferable to expanding the state's debt.

NOTES:

HB 10 by S. Thompson, the enabling legislation for CSHJR 5, is set for second reading consideration today on the Major State Calendar.

The Legislative Budget Board notes that the impact on state debt of CSHJR 5 could not be determined at this time. The cost to the state of publishing the resolution would be \$177,289.

SUBJECT: Removing cap on oil and gas regulation and cleanup fund

COMMITTEE: Energy Resources — favorable, without amendment

VOTE: 9 ayes — Paddie, Herrero, Bailes, Craddick, Darby, Gutierrez, Harris, Perez, Rosenthal

0 nays

2 absent — Anchia, Geren

WITNESSES: For — Cyrus Reed, Lone Star Chapter Sierra Club; (*Registered, but did not testify*: Lindsey Miller, Anadarko Petroleum; Lauren Spreen, Apache Corporation; Paula Bulcao, BP America, Inc.; Mark Harmon, Chesapeake Energy; Stan Casey, Concho Resources; Tom Sellers, ConocoPhillips; Teddy Carter, Devon Energy; Caleb Troxclair, EOG Resources, Parsley Energy, SM Energy; Samantha Omey, ExxonMobil; Jimmy Carlile, Fasken Oil and Ranch; Bill Stevens, Panhandle Producers and Royalty Owners Association, Texas Alliance of Energy Producers; Michael Lozano, Permian Basin Petroleum Association; Mark Gipson, Pioneer Natural Resources; Ryan Paylor, Texas Independent Producers & Royalty Owners Association; Tulsı Oberbeck, Texas Oil and Gas Association)

Against — None

On — Wei Wang, Railroad Commission of Texas; (*Registered, but did not testify*: Corey Crawford, Railroad Commission of Texas)

BACKGROUND: Natural Resources Code sec. 81.067 establishes the oil and gas regulation and cleanup fund as an account in the general revenue fund. The Railroad Commission is required to certify to the comptroller the date on which the fund balance equals or exceeds \$30 million. The oil-field cleanup regulatory fees on oil and gas may not be collected or required to be paid on or after the first day of the second month following the certification. The comptroller resumes collecting the fees on receipt of a commission certification that the fund has fallen below \$25 million.

Some suggest the cap on the oil and gas regulation and cleanup fund limits the ability of the Railroad Commission to finance critical projects.

DIGEST: HB 2675 would remove the cap on the oil and gas regulation and cleanup fund.

The bill would take effect September 1, 2019.

SUBJECT: Requiring CHIP to cover prescription contraceptive drugs or devices

COMMITTEE: Public Health — committee substitute recommended

VOTE: 10 ayes — S. Thompson, Allison, Coleman, Frank, Guerra, Lucio, Ortega, Price, Sheffield, Zedler

0 nays

1 absent — Wray

WITNESSES: For — Celia Neavel, American College of OBGYNS, Texas Academy of Family Physicians, Texas Association of OBGYNS, Texas Medical Association, Texas Pediatric Society; Jennifer Biundo, Texas Campaign to Prevent Teen Pregnancy; Erika Ramirez, Texas Women's Healthcare Coalition; (*Registered, but did not testify:* Juliana Kerker, American College of Obstetricians and Gynecologists-Texas District; Anne Dunkelberg, Center for Public Policy Priorities; Lucinda Saxon, Legacy Community Health; Aimee Arrambide and Blake Rocap, NARAL Pro-Choice Texas; Will Francis, National Association of Social Workers-Texas Chapter; Tom Banning, Texas Academy of Family Physicians; Carisa Lopez, Texas Freedom Network; Carrie Kroll, Texas Hospital Association; Deneen Robinson, The Afiya Center; Emily Martin)

Against — (*Registered, but did not testify:* Mary Castle and Nicole Hudgens, Texas Values Action; Jerome Young; Virginia Young)

On — (*Registered, but did not testify:* Meghan Young, Health and Human Services Commission)

BACKGROUND: Health and Safety Code sec. 62.151 requires the state's child health plan to cover certain benefits for low-income, uninsured children. The executive commissioner of the Health and Human Services Commission must ensure that primary and preventive health benefits exclude reproductive services, other than prenatal care and care related to diseases, illnesses, or abnormalities regarding the reproductive system.

DIGEST: CSHB 800 would require the state's child health plan to provide coverage for prescription contraceptive drugs or devices approved by the U.S. Food and Drug Administration. The program could provide this coverage for an enrolled child younger than 18 years old for primary and preventive reproductive health care only if the health care provider received written consent from the enrolled child's parent, guardian, managing conservator, or other authorized person as listed in the bill.

The bill would not require coverage of abortifacients or any other drug or device that terminated a pregnancy.

The bill would permit the Health and Human Services Commission to delay implementation of the bill's provisions if it determined a waiver or authorization was needed.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2019.

SUPPORTERS SAY: CSHB 800 would expand Children's Health Insurance Program (CHIP) benefits for low-income youth by requiring CHIP to cover prescription contraceptive drugs or devices for youth with parental consent. Texas currently is the only state that prohibits CHIP enrollees from accessing contraception with parental consent. Texas also has one of the highest teen pregnancy rates in the nation and the highest rate of repeat births among teenagers age 15 to 19. Increasing access to contraceptives for adolescents could help reduce the state's high teen pregnancy rate.

The bill would increase cost savings to the state and improve educational and economic outcomes for teens. Providing preventive services to low-income youth would reduce costs by helping them avoid unplanned pregnancies, which would avert Medicaid costs for pregnancy, birth, and neonatal care. Pregnancy prevention efforts increase teens' participation in school and enable them to reach educational and employment goals.

CHIP family planning services currently are covered by a favorable federal matching rate of 90 percent, which means the state would pay only 10 percent of the contraception coverage costs as required by CSHB 800.

Studies have found that providing access to contraception does not lead to increased sexual activity. The bill would require parental consent, ensuring that a decision about a child receiving contraception under the bill was made with the support of parents.

**OPPONENTS
SAY:**

CSHB 800 would use public funds to require access to contraceptive drugs for minors, which would be an inappropriate use of taxpayer dollars. Expanding access to contraception could contribute to increased sexual activity among minors.

SUBJECT: Creating the Advisory Council on Music Therapy

COMMITTEE: Public Health — committee substitute recommended

VOTE: 8 ayes — S. Thompson, Allison, Coleman, Guerra, Lucio III, Ortega, Price, Sheffield

2 nays — Frank, Zedler

1 absent — Wray

WITNESSES: For — Antonio Milland Santiago; (*Registered, but did not testify*: Aaron Gregg, Alzheimer's Association; Chris Masey, Coalition of Texans with Disabilities; Roberto Haddad, DHR Health; Bill Kelly, City of Houston Mayor's Office; Ryan Ambrose, MHHS; Eric Kunish, National Alliance on Mental Illness Austin; Alissa Sughrue, National Alliance on Mental Illness (NAMI) Texas; Ann S. Graham and Gabriela Kane, Texans for the Arts; and six individuals)

Against — None

On — (*Registered, but did not testify*: Stephen Pahl, Department of State Health Services)

DIGEST: CSHB 787 would create an advisory council to study the need for the state certification of music therapists.

Definitions. Music therapy would be defined as the clinical and evidence-based use of music interventions, such as music improvisation, songwriting, singing, movement to music, and others by a music therapist to accomplish certain goals. The practice would not include the diagnosis or assessment of any physical, mental, or communication disorder.

Music therapists would be defined as those who completed an approved music therapy program and held a certificate from the Certification Board for Music Therapists.

Duties. The advisory council would study the core competencies of a music therapist, including the skills and areas of knowledge that were essential to bring about expanded health and wellness in diverse communities and reduce health disparities.

Other core competencies the council could study would include:

- materials used to educate the public on certification of music therapists;
- the benefits of music therapy;
- the use of music therapy by individuals and in facilities or institutional settings;
- culturally competent communication and care;
- the use of music therapy for behavior change;
- the resources and support available from the American Music Therapy Association or its successor organization and the Certification Board for Music Therapists or its successor organization;
- the educational and clinical training requirements for a music therapist; and
- any continuing education requirements for a music therapist.

In conducting its study, the council would have to consult with the American Music Therapy Association, the Certification Board for Music Therapists, and other experts as needed.

Composition. The advisory council would consist of nine members appointed by the governor, including:

- two music therapists in Texas;
- one music therapist who represented an institution of higher education that had a music therapy program;
- one physician licensed in Texas who specialized in critical care;
- one social worker or professional counselor licensed in Texas;
- one special education administrator for a school district;
- one employer of music therapists;
- one client of a music therapist who had received music therapy

- services, or a representative of the client; and
- one speech-language pathologist, physical therapist, or occupational therapist licensed in Texas.

Members of the council would designate a member as the presiding officer, and no member could receive compensation for service on the council. HHSC would be required to provide administrative and staff support to the council.

Deadlines. The lieutenant governor and the House speaker would submit lists of qualified members of different racial, ethnic, and linguistic backgrounds to the governor, and the governor would appoint the nine members within 90 days of the bill's effective date.

Within two years of its first meeting, the advisory council would submit and publish online a report to state leaders that included:

- a summary of best practices, curriculum, and training programs for music therapists and the need for quality and accredited training in providing music interventions related to health, recovery, and wellness;
- recommendations on the need and feasibility of state certification of music therapists, including the impact on consumers' access to music therapy services through certain state agencies;
- recommendations on procedures for the state certification of music therapists, including a system for renewing certifications and approving and accrediting curricula and training programs for music therapists; and
- recommendations for best practices for third-party reimbursement options and other methods through which secure funding for music therapists could be obtained.

The advisory council would be abolished on September 1, 2022

The bill would take effect September 1, 2019.

SUPPORTERS
SAY:

CSHB 787 would help increase knowledge and understanding of music

therapy by creating a council of experts to study it and present findings to state stakeholders. The findings would ensure that lawmakers were well informed about music therapy before considering future legislation on the practice. It would increase the visibility of music therapy as an effective therapy for Alzheimer's, post traumatic stress disorder, developmental disabilities, and other health conditions. It would identify best practices so that more people, especially those from vulnerable populations, had an opportunity to seek such services from high-quality, certified practitioners in the future. The bill would minimize the impact on state resources by using a volunteer council.

**OPPONENTS
SAY:**

CSHB 787 would require an unnecessary study on the potential state certification of music therapists, which could divert resources from more important areas of focus.

SUBJECT: Expanding cybersecurity council to include Secretary of State employee

COMMITTEE: State Affairs — favorable, without amendment

VOTE: 13 ayes — Phelan, Hernandez, Deshotel, Guerra, Harless, Holland,
Hunter, P. King, Parker, Raymond, E. Rodriguez, Smithee, Springer

0 nays

WITNESSES: For — Damon Fleury, CyberDefenses, Inc.; Cinde Weatherby, League of
Women Voters of Texas; Adrian Shelley, Public Citizen; (*Registered, but
did not testify*: Anthony Gutierrez, Common Cause Texas; Jeff Miller,
Disability Rights Texas; Sarah Norman, Protect Democracy; Thomas
Parkinson)

Against — None

On — (*Registered, but did not testify*: Ernesto Ballesteros and Todd
Kimbriel, Department of Information Resources; Keith Ingram, Texas
Secretary of State Elections Division)

BACKGROUND: Government Code sec. 2054.512 requires the state cybersecurity
coordinator to lead a council of public and private sector leaders and
cybersecurity practitioners to collaborate and provide recommendations
for legislation on cybersecurity matters.

The council is required to include an employee of the Office of the
Governor, an appointed senator, an appointed House member, and
additional members appointed by the coordinator.

Some have suggested that the council should have a representative for the
state's election systems, which have reportedly been the target of
cyberattacks in recent years.

DIGEST: HB 350 would require the cybersecurity council membership to include an
employee from the Elections Division of the Office of the Secretary of
State.

The bill would take effect September 1, 2019.

SUBJECT: Removing penalties for the unregistered practice of interior design

COMMITTEE: Licensing and Administrative Procedures — favorable, without amendment

VOTE: 9 ayes — T. King, Goldman, Geren, Harless, Hernandez, Herrero, K. King, Kuempel, Paddie
0 nays
2 absent — Guillen, S. Thompson

WITNESSES: For — Russell Withers, Texas Conservative Coalition; Kelley Barnett; (*Registered, but did not testify*: Douglas Smith, Texas Criminal Justice Coalition)

Against — None

On — Donna Vining, Texas Association for Interior Design; (*Registered, but did not testify*: Julie Hildebrand, Texas Board of Architectural Examiners)

DIGEST: HB 1894 would repeal the criminal penalty that makes it a class C misdemeanor (maximum fine of up to \$500) for persons other than interior designers to knowingly use the title "registered interior designer," imply that they are registered interior designers, or violate any statutory standard of conduct governing interior designers.

HB 1894 also would prohibit the Texas Board of Architectural Examiners from imposing an administrative penalty on a person who was practicing interior design if that person was not a registered interior designer.

The bill would take effect September 1, 2019, and would not apply to an offense or violation committed before that date.

SUBJECT: Creating an offense for not securing child under two in rear-facing car seat

COMMITTEE: Transportation — favorable, without amendment

VOTE: 10 ayes — Canales, Landgraf, Bernal, Y. Davis, Goldman, Leman, Martinez, Ortega, Raney, E. Thompson

1 nay — Hefner

2 absent — Krause, Thierry

WITNESSES: For — Lindsay Pollok, Dell Children's Medical Center; Sandra McKay, Texas Pediatric Society, Texas Medical Association, Texas Public Health Coalition; (*Registered, but did not testify*: Anne O'Ryan, AAA Texas; Butch Oberhoff, Acadian Ambulance of Texas; Billy Phenix, Allstate Insurance Company; Juliana Kerker, American College of Obstetricians and Gynecologists-Texas District; Eddie Solis, City of Arlington; Rita Ostrander, Combined Law Enforcement Associations of Texas; Jack Erskine, Department of Public Safety Officers Association; Brian Yarbrough, General Motors; Ashley Morgan, Nationwide; Andrew Cates, Nursing Legislative Agenda Coalition; Tom Banning, Texas Academy of Family Physicians; Craig Holzheuser, Texas EMS Alliance; Carrie Kroll, Texas Hospital Association; Troy Alexander, Texas Medical Association; Ali Sawani, Texas Pediatric Society; Kyle Ward, Texas PTA; Glenn Deshields, Texas State Association of Fire Fighters; and 64 individuals)

Against — (*Registered, but did not testify*: Terri Hall, Texas TURF and Texans for Toll-free Highways; Anna Alkire; Kelli Cook; Sylvia Coulson; Lynette Lucas; Crystal Main)

On — (*Registered, but did not testify*: Manda Hall and Jeremy Triplett, Department of State Health Services)

BACKGROUND: Transportation Code sec. 545.412 makes it an offense for a person operating a passenger vehicle and transporting a child younger than 8 years old to not keep the child secured in a child passenger safety seat according to manufacturer instructions. There is an exemption for children

taller than 4 feet, 9 inches. An offense under this statute is a misdemeanor punishable by a fine of \$25 to \$250.

Sec. 545.4121 provides a defense to prosecution for the offense if subsequent to the offense the defendant obtained an appropriate child safety seat and at the time of the offense was not arrested or issued a citation for any other offense, did not possess a child safety seat in the vehicle, and was not involved in an accident.

DIGEST: HB 448 would make it an offense under Transportation Code sec. 545.412 for a person operating a vehicle and transporting a child younger than 2 years old to not keep the child secured in a rear-facing child passenger safety seat. There would be an exemption if the child was taller than 3 feet, 4 inches or weighed more than 40 pounds.

The defense to prosecution for defendants who obtained an appropriate child safety seat subsequent to an offense provided by Transportation Code 545.4121 would apply to an offense under this bill.

The bill would take effect September 1, 2019.

SUPPORTERS SAY: HB 448 would update state law to reflect recent American Academy of Pediatrics recommendations and clarify language regarding current car seat requirements. The bill is necessary because current law governing the use of car seats is based on car seat manufacturer guidelines, which vary depending on the make and model of the seat, making it confusing for parents and caregivers to know how to secure their children in a car. As a result, many parents and caregivers move children to front-facing seats too early.

The bill would ensure that parents used rear-facing car seats when appropriate, which is the safest practice for securing children under 2 years old. During an accident, these car seats provide the best protection by supporting the head, neck, and spine of the child during impact. This is important because very young children still have developing spines and skulls. The change would be consistent with current law, but would update requirements for these especially vulnerable children.

HB 448 would exempt children who reached 40 pounds in weight or 3 feet, 4 inches in height from the rear-facing car seat requirement, though most children do not reach this size until they are 4 or 5 years old. The bill also maintains a strong defense to prosecution for parents who did not have a car seat at the time of offense but proved that they had subsequently obtained the correct car seat for their child.

While some have raised concerns that this bill would be difficult to enforce, it actually would improve enforcement of car seat-related law. Officers may not immediately know the proper height, weight, or age thresholds for every car seat manufactured, the standard used by current car seat requirements. HB 488 would simplify requirements by using easily recognizable standards for enforcement.

Car seat manufacturing guidelines are regulated at the federal level and are slow to adapt to updated safety guidelines. This bill is necessary to modernize current law to better match American Academy of Pediatrics recommendations and ensure children under 2 years old are properly secured.

OPPONENTS
SAY:

HB 448 would criminalize parents who did not place a child at precisely the right height or weight in a corresponding car seat. The law is unnecessary and unfairly expands the conditions under which a small infraction could be charged as a misdemeanor offense. Creating a new offense for children under 2 years old not placed in rear-facing seats would not fix the main issue of child safety, but instead would punish parents who did not have adequate resources to determine when children should be in car seats and what kind of car seats to use.

It would be better for the Legislature to focus on updating regulations for car seat manufacturers in the state to ensure that the most recent American Academy of Pediatrics guidelines were promoted. Car seat manufacturers' guidelines vary widely, leading to confusion among parents. If there are still manufacturers who provide front-facing car seats in the state, the state should address those companies rather than punishing confused parents.

OTHER
OPPONENTS

Current laws governing car seat use already are either not enforced or not well enforced, so expanding offenses for improper car seat use may not

SAY: have the desired effect. It would be difficult for a peace officer, after pulling a vehicle over, to easily determine the precise height, weight, or age of a child in a car seat. Officers do not necessarily have the best available information to advise parents on issues related to car seats, and the current offense already is unlikely to be charged.

SUBJECT: Allowing all counties to regulate game rooms

COMMITTEE: Licensing and Administrative Procedures — favorable, without amendment

VOTE: 9 ayes — T. King, Goldman, Geren, Harless, Hernandez, Herrero, K. King, Kuempel, S. Thompson

0 nays

2 absent — Guillen, Paddie

WITNESSES: For — Lee Woods, Amusement and Music Operators of Texas; (*Registered, but did not testify*: Steve Bresnen, Bingo Interest Group; Jim Allison, County Judges and Commissioners Association of Texas; Aimee Bertrand, Harris County Commissioners Court; Roger Harmon, Johnson County; Russell Schaffner, Tarrant County; Rick Thompson, Texas Association of Counties; Gabriela Villareal, Texas Conference of Urban Counties)

Against — None

On — Rob Kohler, Christian Life Commission of the Baptist General Convention; Jennifer Hughes, Kickapoo Traditional Tribe of Texas; (*Registered, but did not testify*: Jason Nelson, Kickapoo Traditional Tribe of Texas)

BACKGROUND: Local Government Code ch. 234, subch. E gives commissioners courts in certain counties authority to regulate game rooms, including the ability to restrict the location of game rooms; prohibit a location within a certain distance of a school, place of religious worship, or residential neighborhood; and restrict the number of game rooms that may operate in an area of the county. Counties may require game rooms to obtain a license or permit to operate and may charge up to \$1,000 for the license or permit.

Peace officers or county employees may inspect businesses to determine

the number of machines on the premises and may inspect any business with six or more machines to see if it is complying with the statute. Violating the statute or a regulation adopted under it can be a civil penalty, and intentionally or knowingly operating a game room in violation of a regulation is a class A misdemeanor (up to one year in jail and/or a maximum fine of \$4,000).

Game rooms are defined as for-profit businesses with six or more amusement redemption machines, sometimes called "fuzzy animal machines," or other machines defined in the statute. Amusement redemption machines include electronic machines made for bona fide amusement purposes with exclusively noncash prizes or something redeemable for prizes with a value from a single play of up to 10 times the charge to play the game or \$5, whichever is less. Other types of game room machines include devices that allow players to win a prize awarded solely or partially by chance, regardless of whether the machine was designed, made, or adopted solely for bona fide amusement purposes.

This authority to regulate game rooms applies to a county:

- with a population of less than 25,000, that is adjacent to the Gulf of Mexico, and is within 50 miles of an international border;
- with a population of 4 million or more;
- adjacent to the Gulf of Mexico and adjacent to a county that has a population of 4 million or more;
- on the Texas-Mexico border with a population of less than 300,000 and that contains a city with a population of 200,000 or more;
- with a population of 550,000 or more and adjacent to a county with a population of 4 million or more;
- in the Permian Basin within 25 miles of the Texas border with another state and with a population of more than 130,000;
- on the Texas border with Louisiana, with a population of more than 65,000, and within 50 miles of a city in Louisiana with a population of more than 150,000;
- with a population of more than 200,000 and less than 220,000; and
- with a population of more than 1.8 million and adjacent to a county with a population of more than 2.2 million.

Some have noted that other counties may want the same authority to opt in to regulating game rooms as defined by Local Government Code ch. 234, subch. E.

DIGEST: HB 892 would repeal the population and location restrictions that give certain counties authority under Local Government Code ch. 234, subch. E to regulate game rooms, making the authority apply statewide.

The bill would take effect September 1, 2019.

SUBJECT: Allowing delegated APRNs to complete a workers' compensation report

COMMITTEE: Business and Industry — favorable, without amendment

VOTE: 7 ayes — Martinez Fischer, Darby, Beckley, Collier, Landgraf, Moody, Parker

0 nays

2 absent — Patterson, Shine

WITNESSES: For — Ashley Ferguson, Texas Nurse Practitioners; (*Registered, but did not testify*: Steve Koebele, Concentra; Leticia Van de Putte, Texas Academy of Physician Assistants; Erin Cusack, Texas Nurse Practitioners; Andrew Cates, Texas Nurses Association; Bobby Hillert, Texas Orthopaedic Association)

Against — None

On — (*Registered, but did not testify*: Amy Lee, Texas Department of Insurance, Division of Workers' Compensation)

BACKGROUND: Labor Code ch. 408 establishes the Texas Workers' Compensation Act. Under sec. 408.025, the Texas Workforce Commission requires certain reports from health care providers regarding injured employees. Sec. 408.025(a-1) authorizes a treating doctor to delegate to a licensed in-state physician assistant the authority to complete and sign a work status report regarding an injured employee's ability to return to work. The delegating treating doctor is responsible for acts of the physician assistant in this circumstance.

DIGEST: HB 387 would allow a treating doctor to delegate the authority to complete and sign a work status report to an advanced practice registered nurse (APRN) licensed in Texas. The delegating doctor would be responsible for acts of the APRN in this circumstance.

The bill would take effect September 1, 2019.

SUBJECT: Requiring public schools to develop a seizure action plan when necessary

COMMITTEE: Public Education — committee substitute recommended

VOTE: 10 ayes — Huberty, Bernal, Allen, Allison, Ashby, K. Bell, M. González, Meyer, Talarico, VanDeaver

0 nays

3 absent — Dutton, K. King, Sanford

WITNESSES: For — Sindi Rosales, Epilepsy Foundation Central & South Texas; Gabriela Crunelle and Shari Dudo, Purple Warriors of Texas; Makayla Benkula; Katie Graham; Loree LaChance; Pedro Solis; (*Registered, but did not testify*: Jacquie Benestante, Autism Society of Texas; Chris Masey, Coalition of Texans with Disabilities; Alyssa Thomason, Doctors for Change; Robert Peeler, Greenwich Biosciences; Claudia Crunelle and Kevin Dudo, Purple Warriors of Texas; Christine Broughal, Texans For Special Education Reform; Linda Litzinger, Texas Parent to Parent; Darren Grissom, Texas PTA; Amy Whited, Union Chimique Belge; and six individuals)

Against — (*Registered, but did not testify*: Adam Cahn, Cahnman's Musings; Dax Gonzalez, Texas Association of School Boards)

On — (*Registered, but did not testify*: Monica Martinez, Texas Education Agency; Lisa Dawn-Fisher, Texas State Teachers Association)

DIGEST: CSHB 684 would require school districts and open-enrollment charter schools to train any school employee who may have responsibility for the supervision or care of a student with epilepsy or a seizure disorder on how to identify and manage seizures, provide related first aid, and administer or help the student with the self-administration of prescribed seizure rescue medications.

Employees selected for training would be required to complete a program approved by the Texas Education Agency (TEA). The agency would be

authorized to select a training program provided by a nonprofit so long as the program was offered free of charge.

A parent or guardian of a student with epilepsy or a seizure disorder could provide that student's school with written authorization for the development of a seizure action plan. The authorization would have to be given on a form adopted by TEA and contain:

- the student's name;
- the name and purpose of the prescribed and federally approved medication to be administered or self-administered;
- the prescribed dosage, method of administration, and frequency with which the medication could be administered; and
- the circumstances under which the medication could be administered under the prescription.

Parents or guardians would be required to provide the medication identified in the written authorization to the student's school district or charter school in an unopened, sealed package that was clearly labeled by the dispensing pharmacy.

A school district or charter school that received this written authorization would be required to develop a seizure action plan for the student in collaboration with the person who provided the authorization. Seizure action plans would have to be developed in accordance with federal law and renewed at the beginning of each school year. A student's plan could provide for a school employee that had completed the training required by the bill to administer or assist the student to self-administer the medication identified in the written authorization.

School districts would be required to keep a plan developed for an enrolled student on file in the office of a school nurse or administrator and to distribute a copy of the plan to each employee that would supervise or care for the student.

A school employee who in good faith acted or failed to act in administering medication, helping with the self-administration of medication, or otherwise providing for the care of a student under a

seizure action plan would be immune from liability.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2019. The bill would apply beginning with the 2020-2021 school year.

**SUPPORTERS
SAY:**

CSHB 684 would help keep Texas students living with epilepsy or a seizure disorder safe in school by equipping nurses, teachers, bus drivers, and other school personnel with the training and skills necessary to appropriately and efficiently intervene in an emergency situation when a student experienced a seizure.

The training and education provided to school staff would be free and easily incorporated into staff development. Because required training could be provided by a nonprofit organization such as the Epilepsy Foundation, it would not be a burden on schools to implement. Training school personnel to better serve students with epilepsy would increase the educational community's awareness of the disorder, which affects thousands of Texas students. It also would help protect students by instructing personnel to respond appropriately when a student or other person experienced a seizure, which is vital for reducing panic and preventing harmful or potentially fatal interventions.

CSHB 684 also would allow school districts and parents of students with epilepsy or other seizure disorders to develop seizure action plans tailored to each particular student's needs. Under these plans, teachers and other school staff could help administer life-saving medication to a student experiencing a seizure. This would help protect those with epilepsy, and having seizure action plans on file would better prepare school staff to support a student should the need arise.

**OPPONENTS
SAY:**

CSHB 684 would mandate additional training for employees of school districts and open-enrollment charter schools. Individual school districts and charter schools should be able to determine the best way to help their students living with epilepsy or a seizure disorder.

SUBJECT: Requiring policies on the recess period in public schools

COMMITTEE: Public Education — favorable, without amendment

VOTE: 12 ayes — Huberty, Bernal, Allen, Allison, Ashby, K. Bell, M. González, K. King, Meyer, Sanford, Talarico, VanDeaver

0 nays

1 absent — Dutton

WITNESSES: For — Christel Erickson Collins, Austin Justice Coalition; Claire Bocchini, Doctors for Change; Joseph McMahan, Mission: Readiness; (*Registered, but did not testify*: Michelle Smith, Action for Healthy Kids; Andrea Chevalier, Association of Texas Professional Educators; Mandi Kimball, Children At Risk; Jo DePrang, Children's Defense Fund-Texas; Lee Spiller, Citizens Commission on Human Rights; Bill Kelly, City of Houston Mayor's Office; Libby McCabe, Early Matters Dallas; Angela Smith, Fredericksburg Tea Party; Tim Schauer, Healthy Living Matters; Jay Propes, IHRSA; Betsy Singleton, League of Women Voters of Texas; Freddy Warner, Memorial Hermann Health System; Christine Yanas, Methodist Healthcare Ministries of South Texas, Inc.; Eric Kunish and Jill McFarland, National Alliance on Mental Illness Austin; Alissa Sughrue, National Alliance on Mental Illness-Texas; Will Francis, National Association of Social Workers-Texas Chapter; Josette Saxton, Texans Care for Children; Ted Raab, Texas American Federation of Teachers; Amanda List, Texas Appleseed; Paige Williams, Texas Classroom Teachers Association; Troy Alexander, Texas Medical Association; Clayton Travis, Texas Pediatric Society, Partnership for a Healthy Texas; Kyle Ward, Texas PTA; Lisa Dawn-Fisher, Texas State Teachers Association; Joel Romo, The Cooper Institute; Nataly Saucedo, United Ways of Texas; and 16 individuals)

Against — (*Registered, but did not testify*: Adam Cahn, Cahnman's Musings; Buck Gilcrease, Texas School Alliance)

On — (*Registered, but did not testify*: Crystal Dockery, Texas Association

of Community Schools; Monica Martinez, Texas Education Agency;
Mark Terry, Texas Elementary Principals and Supervisors Association)

DIGEST:

HB 455 would require the Texas Education Agency (TEA) to develop model policies on the recess period during the school day that encouraged constructive, age-appropriate outdoor playtime. The model policies would have to include guidelines for outdoor equipment and facilities on public school campuses that maximized the effectiveness of outdoor physical activity. TEA would develop the policies by January 1, 2020.

The bill also would require the board of trustees of each school district to adopt a recess policy based on TEA's model policies by May 1, 2020. The board would be required to review and, if necessary, revise the policy at least every five years. The recess policy would have to specify the required number of minutes of weekly unstructured playtime and whether a student's recess time could be withheld as a form of student discipline.

Each campus subject to a school district recess policy would be required to implement the adopted policy by the beginning of the 2020-2021 school year.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2019.

**SUPPORTERS
SAY:**

HB 455 would help improve the health and fitness of Texas children and youth by requiring schools to implement recess policies that encouraged physical activity.

Increased physical activity has many benefits and could help improve students' mental and physical health, improve their academic performance, and combat childhood obesity in Texas. As a result, the bill could lead to better health outcomes for students and decreased health care costs to the state.

By requiring the Texas Education Agency to develop a model policy and having school districts use that model policy as the basis for their own, the bill would avoid burdening school districts and would allow for policy

variation based on local needs. The bill would not make any requirement for the number of minutes dedicated to a recess period, instead leaving that up to each school district.

Rather than prohibiting schools from withholding recess as a form of punishment outright, the bill would leave that decision up to school districts' jurisdiction and instead require a specific stipulation on the issue in schools' recess policies.

**OPPONENTS
SAY:**

HB 455 would require the Texas Education Agency to develop policies for recess, but recess is not an issue that requires centralized, statewide planning and would be better left to individual school districts.

If the bill led to school districts mandating additional recess time each week, the change could cut into instructional time. Schools already struggle to fit all necessary curriculum requirements into available classroom time.

**OTHER
OPPONENTS
SAY:**

HB 455 should prohibit schools from withholding recess as a form of punishment. Policies that allow this punishment often disproportionately affect boys, students of color, and students with disabilities.